



## City of Fort Lauderdale Parks and Recreation

In Partnership with



# All Sports & Fitness Fun

This program teaches children balance, coordination, strength, and a variety of sports games that will enhance their neurological and motor skills. Children also learn cooperative play, self-discipline, and teamwork, which boosts their confidence and self-esteem while keeping them entertained by having LOTS of FUN!

Insured Nationally Certified Personal Trainer & Group Exercise Instructor

**Ages:** 2 1/2 to 4 years

**Dates:** Session 1: Tuesdays, February 4-25  
Session 2: Tuesdays, March 11-April 1

**Time:** 5:30-6:00 p.m.

**Location:** Holiday Park Social Center, 1150 G. Harold Martin Dr.

**Fee:** \$48 per month

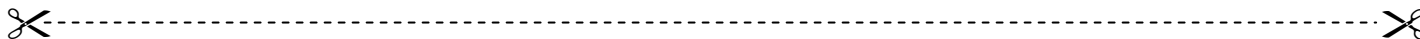
**Registration begins:** January 27

**Online Registration:** [www.fortlauderdale.gov/webreg](http://www.fortlauderdale.gov/webreg)  
Activity # 238600

Visa and MasterCard are the preferred method of payment



For more information, contact Coach Rost at (754) 333-0352.



### Registration Form

Child's Name(s): \_\_\_\_\_

Child's Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work/Cell: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Does your child have any limitations? If yes, please list: \_\_\_\_\_

I/We give permission for my child to participate in All Sports & Fitness Fun.

**RELEASE FROM LIABILITY:** Photo Release: I hereby grant authorization to the City of Fort Lauderdale to use photographs of myself, my child or the program participant(s) for publicity purposes.

**INSURANCE RESPONSIBILITY:** The participant or his guardian registered in the activities provided by the City of Fort Lauderdale understands that the participation may subject the participant to a certain degree of risk of injury, and that the City will not be liable for medical expenses or other claims for damages, based upon any property damage or personal injury as a result of these activities. Any insurance protection must be obtained by the participant.

**MEDICAL RELEASE:** If my child should become ill or injured and I can not be reached, I give permission for my child to be treated by a physician in an emergency.

YES ☐ NO ☐

I have read and understand and agree that I will not hold the City liable for any personal injury or property damage I or my child may suffer as a result of participation.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_